

# EXHIBIT L

FORM 4187 (REV 4/01)  
06/21/18STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONAL SERVICES

PAGE 1

CONTINUOUS TEMPORARY RELEASE PROGRAM  
TRC REVIEW FORMHUDSON IND TRAINING FACILITY  
BOX 576

HUDSON

NY 12534

(518) 828-4311

FOR: WILLS, RUBEN W  
INMATE NAME17A3437 [REDACTED] WR-0B-36B  
DIN NYSID LOCATION

REVIEW TYPE: PROGRAM REVIEW REVIEW NUMBER: 20180000578 REFER DATE: 06/18/18

REVIEW STATUS: \*\*\* COMPLETE NO TRANSFER \*\*\*

REFERRED TO THE TRC BY: R. DYNYSIUK, ORC FOR THE FOLLOWING REASONS:

< 6/14/18: T2 UNAUTHORIZED MEDICATION. 30 DAYS LOSS OF REC, PKG, COMMISSARY, >  
< PHONES. 6/1/18: C.O.'S CONDUCTING LOCKER SEARCH DISCOVERED 14 NYQUIL PILLS >  
< IN WILLS' LOCKER WHICH WERE NOT AUTHORIZED BY THE MEDICAL DEPT. AND WHICH >  
< ARE NOT PERMITTED IN THE FACILITY. >

HEARING SCHEDULED - TIME: 1415 DATE: 06/21/18 LOCATION: HUDSON WR

INMATE WAIVED 24 HOUR NOTICE: NO  
INMATE WAIVED APPEARANCE : NO  
INMATE PRESENT : YES

## EVALUATION:

< 4/6/18: INMATE BEGAN PARTICIPATION IN ITL PROGRAM. HE HAS HAD SATISFACTORY >  
< PROGRAMMING AND DISCIPLINE PRIOR TO THIS INCIDENT. >  
< \_\_\_\_\_ >

TRC RECOMMENDATION: PROGRAM REVIEW NO CHANGE

< TRC COUNSELLED INMATE REGARDING THE IMPORTANCE OF COMPLYING >  
< WITH ALL RULES AND REGULATIONS. FUTURE NON-COMPLIANCE WILL >  
< RESULT IN SANCTIONS BEING IMPOSED. >  
< \_\_\_\_\_ >TRC CHAIRPERSON: T. BACCARO  
TRC MEMBER: A. COLANERI

TRC MEMBER: D. KERN

SUPERINTENDENT DECISION: \* PROGRAM REVIEW NO CHANGE\*

< APPROVE RECOMMENDATION OF TRC TO COUNSEL INMATE >  
< \_\_\_\_\_ >  
< \_\_\_\_\_ >  
< \_\_\_\_\_ >

SUPERINTENDENT ELECTRONIC APPROVAL: TOMLIN, ANITA

DATE 06/21/18

INMATE SIGNATURE *[Signature]*

DATE 6-21-18

WITNESS SIGNATURE *[Signature]*

DATE 06/21/18